Web Date: 01/05/2017



# Department of Permitting and Environmental Review

35030 SE Douglas St., #210 Snoqualmie, WA 98065

**206-296-6600** TTY 206-296-7217 www.kingcounty.gov/Fire

Special Event
Temporary Tent or Membrane Structure

FIRE PERMIT APPLICATION

#					
	#	#	#	#	#

A permit to erect a temporary tent or membrane structure in excess of 400-square-feet in size or an aggregate area of multiple tents of 700-square-feet is required by the 2015 International Fire Code, section 105.6 and Chapter 31 in the International Fire Code. A tent is defined as a structure, enclosure or shelter, with or without side walls or drops, constructed of fabric or pliable materials supported by any manner, except by air or the contents it protects. Use of Plastic tarps and/or visqueen is not acceptable; tent material and sidewalls must be of fire resistive material construction.

For information or questions on tent/membrane structure permit requirements, please contact the King County Fire Marshal at 206-296-6600 or email <a href="mailto:FireMarshal@KingCounty.gov">FireMarshal@KingCounty.gov</a>

Completed application may be mailed or dropped off at the King County Department of Permitting and Environmental Review, 35030 SE Douglas St, #210, Snoqualmie, WA 98065.

### **SUBMITTAL REQUIREMENTS:**

- 1.) Completed Tent Permit Application form and the Affidavit for Application form.
- 2.) Provide a Site Plan indicating size and location of tents as well as the distances to other structures and access
- 3.) Provide proof of flame retardancy for tent/canopy copy of certificate or photo of certification tag.
- 4.) Seating/floor plan inside the tent, include exit locations and emergency exit dispersal area
- 5.) Check payable to, "KING COUNTY OFFICE OF FINANCE" in the amount of \$619.
- 6.) A complete application must be submitted 30 days prior to your event. If the application is submitted less than 30 days prior your event your activities may be delayed, limited or canceled.

An inspection of the erected tent/canopy is required prior to utilization.

## 

#### APPLICANT INFORMATION

Address:	Name:
City/State/Zip: Phone: Email Address:  I certify under penalty of perjury and under the laws of the State of Washington the foregoing is true and correct. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. We (I) have been given authorization from the property owner to obtain this permit. I accept financial responsibility for all fees associated with this permit or approval and will receive any refunds. Please mail any refunds to the address above.  Applicant Signature Print Name:	Address:
Phone: Email Address:   I certify under penalty of perjury and under the laws of the State of Washington the foregoing is true and correct. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. We (I) have been given authorization from the property owner to obtain this permit. I accept financial responsibility for all fees associated with this permit or approval and will receive any refunds. Please mail any refunds to the address above.  Applicant Signature	City/State/Zip:
I certify under penalty of perjury and under the laws of the State of Washington the foregoing is true and correct. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. We (I) have been given authorization from the property owner to obtain this permit. I accept financial responsibility for all fees associated with this permit or approval and will receive any refunds. Please mail any refunds to the address above.  Applicant Signature	Phone:
correct. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. We (I) have been given authorization from the property owner to obtain this permit. I accept financial responsibility for all fees associated with this permit or approval and will receive any refunds. Please mail any refunds to the address above.  Applicant Signature  Print Name:	Email Address:
Print Name:	1 1 7
Print Name:	Applicant Signature
	Date:

## **SITE PLAN REQUIREMENTS:**

For alternate formats, call 206-296-6600.

Check out the Permitting site at www.kingcounty.gov/permits

- Show location of tent/membrane structure on property: tent/membrane structure shall not be located within 20 feet of property lines, buildings, parked vehicles or internal combustion engines/generators and heating units.
- Indicate location and width of the exits in tent/membrane structure and emergency exit dispersal area(s).
- Indicate the expected Occupant load of tent/membrane structure.
- A detailed site and floor plan shall be submitted if tables and/or chairs are used in a tent/membrane structure, indicating location and distances between tables/chairs and identified exits.
- Number and type of fire extinguishers are dependent on size of tent/membrane structure and type of activity occurring in the tent/membrane structure and shall be determined by the King County Fire Marshal Services; usually a UL rated 2A 10BC Extinguisher with maximum travel distance of 75 ft.
- If occupant load of tent/ membrane structure, with sidewalls, exceeds 50, <u>illuminated</u> EXIT signs and emergency pathway lighting with battery backup are required to be installed.
- Fire apparatus access roads shall be provided in accordance with IFC Section 503 (20 ft. wide and unobstructed height of at least 13 ft.6 inches and capable of supporting 50,000 lbs.)
- Copy of the Flame Spread Certificate.

## **EVENT COORDINATOR INFORMATION**

Name:	
Address:	
City/State/Zip:	
	Email Address:
	FOOD VENDOR(S) INFORMATION
Name:	
Address:	
City/State/Zip:	
Phone:	Email Address:
	ELECTRICAL VENDOR INFORMATION
Name:	
Address:	
City/State/zip:	
Phone:	Email Address:
	A COMOL MENDOD INTODICATION
	ALCOHOL VENDOR INFORMATION
Name:	
Address:	
City/State/Zip:	
Liquor License#: _	
Phone:	Email Address:
	STAGE VENDOR INFORMATION
Nama	
Address:	
City/State/Zin:	
Phone:	Email Address:
	TENT VENDOR INFORMATION
Name:	
Address:	
City/State/Zip:	
	Email Address:
	INFLATETED/BOUNCE HOUSE VENDOR INFORMATION
Name:	
Address:	
City/State/Zip:	
Phone:	